

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	DI SALVO
	Group Art Unit	3761
	Examiner Name	M. M. KIDWELL
	Attorney Docket Number	PPC-813 DIV

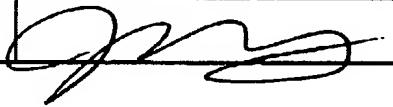
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	3 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$290.00	
			TOTAL FEES	\$ 770.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/PPC813/JAR in the amount of \$770.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/PPC813/JAR. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	JOEL A. ROTHFUS	Reg. No. 33,277
Signature		Date: 4-16-04
		Deposit Account No. 10-0750